

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 01/10/2005		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 01/11/2005					
		FINANCIAL PAYER: NCDMM					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
							PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8517	87	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM			
		191	80	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	14	238	255
							17
		8518	43	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY			
3404902	BLUE RIDGE COMM UNITY	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
							0
3404904	WESTERN HIGHLAN DS LME	167	960	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM			
		8599	610	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	27	1789	8091
							6302
		21	78	DUPLICATE OF CLAIM-SYSTEM			
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404910	PATHWAYS	8329	1471	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA			
		21	572	DUPLICATE OF CLAIM-SYSTEM	8	3097	8036
							4939
		8599	561	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404912	CATAMBA COUNTY ENTAL HEALT	8931	151	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	154	242	4166
							3924
		8000	30	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL			
3404913	MECKLENBURG COMM ENTAL HEALT	11	231	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		0	0		0	231	231
							0
3404916	CROSSROADS BEHAVIORAL VIAL REAL	21	1	DUPLICATE OF CLAIM-SYSTEM			
		0	0		0	1	24
							23

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404917	CENTERPOINT HUM	8326	1458	ATTENDING PROVIDER NUMBER IS R				
	AN SERVICES			EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		8599	81	DETAIL NOT COVERED BY COMBINAT	80	1734	4555	2821
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	75	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404919	GUILFORD CO MEN	8599	119	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	34	60 RESIDENTIAL LEVEL III TREAT	13	233	3361	3128
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		191	34	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404920	ALAMANCE CASWEL	8599	330	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	48	DIAGNOSIS OR SERVICE INVALID F	20	446	2683	2237
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		537	30	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404921	ORANGE PERSON C	5312	1927	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		8329	587	CLAIM DENIED ATTENDING PROVIDE	17	3113	4464	1351
				R CANNOT BE THE SAME AS				
				THE LMA				
		8000	214	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404922	THE DURHAM CENT	11	333	CLIENT NOT ELIGIBLE ON SERVICE				
	ER			DATE				
		8599	109	DETAIL NOT COVERED BY COMBINAT	1	453	994	541
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404923	VGFW AREA AUTHO	8000	299	NO RATE AVAILABLE ON FILE TO P				
	RITY			RICE THIS CLAIM DETAIL				
		8599	54	DETAIL NOT COVERED BY COMBINAT	1	395	2307	1912
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	15	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404925	SANDHILLS CENTE	8599	1017	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	831	CLIENT ID NUMBER MISSING OR IN	118	3990	10228	6238
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		21	559	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE	8599	1011	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	957	AMTNC INELIGIBLE TO RECEIVE SE	1873	6267	10686	4419
				RVICES IN IPRS.				
		8935	803	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404927	CUMBERLAND CO M	8599	181	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	97	CLAIM DENIED DUE TO INSUFFICIE	2	621	2786	2165
				NT BUDGET				
		8517	57	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404929	LEE BARNETT MH/	21	102	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
		8329	49	CLAIM DENIED ATTENDING PROVIDE	0	185	4131	3946
				R CANNOT BE THE SAME AS				
				THE LMA				
		8599	26	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	8505	2	CLAIM DENIED DUE TO INSUFFICIE				
	MNVL WLTHC			NT BUDGET				
		0	0		0	2	3	1
3404931	WAKE CO HUM SVC	8599	36	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	4	ASTNC INELIGIBLE TO RECEIVE SE	5	43	168	125
				RVICES IN IPRS.				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	8599	78	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	21	60 RESIDENTIAL LEVEL III TREAT	20	168	2842	2674
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8931	15	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404934	ONSLOW COUNTY B BEHAVIORAL H	11	102	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	179	794	615
		8621	23	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	13	DUPLICATE OF CLAIM-SYSTEM				
		8931	12	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	15	43	1602	1559
		120	8	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404937	EDGEcombe NASH MNTL HLTH C	21	50	DUPLICATE OF CLAIM-SYSTEM				
		8505	49	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	2	113	1388	1275
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS TONE COUNSE	5404	10	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		24	7	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	0	25	781	756
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	116	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	84	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	404	1514	1110
		8329	83	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404941	PITT CO MR/DD/S AS CENTER	21	624	DUPLICATE OF CLAIM-SYSTEM				
		8599	171	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13	884	2146	1262
		5404	20	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	68	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	13	DUPLICATE OF CLAIM-SYSTEM	13	102	1582	1480
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	11	50	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		21	39	DUPLICATE OF CLAIM-SYSTEM	57	251	1836
		8599	34	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404944	EASTPOINTE HUMANA SERVICES	8599	122	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8000	60	NO RATE AVAILABLE ON FILE TO PROVIDER THIS CLAIM DETAIL	23	272	2072
		8505	49	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
3404946	FOOTHILLS AREA MENTAL HEALTH	8599	2575	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		11	433	CLIENT NOT ELIGIBLE ON SERVICE DATE	76	3547	5165
		8000	366	NO RATE AVAILABLE ON FILE TO PROVIDER THIS CLAIM DETAIL			
3404957	TIDE LAND MENTAL HEALTH CTR	8000	93	NO RATE AVAILABLE ON FILE TO PROVIDER THIS CLAIM DETAIL			
		8931	4	AMOUNT INELIGIBLE TO RECEIVE SERVICES IN IPRS.	7	102	473
		8935	3	AMOUNT INELIGIBLE TO RECEIVE SERVICES IN IPRS.			
3404979	NEW RIVER AREA MENTAL HEALTH/SA PRO	8505	1	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		0	0		0	1	19